



South Carolina Department of Health  
and Environmental Control

**South Carolina Department of Health and  
Environmental Control  
Electronic Signature Agreement for  
Emissions Inventory Reporting - Certifier**

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Applicable Air Permit Number: \_\_\_\_\_

Name of Responsible Official: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Drivers License: State \_\_\_\_\_ No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*(DHEC will use this e-mail address to send out notifications and confirmations)*

I, \_\_\_\_\_, do hereby affirm on this  
*(Printed Name of Responsible Official)*

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ that I understand and agree to the

following:

1. I have been designated by \_\_\_\_\_ to submit  
*(Facility Name)*

Emissions Inventory Data electronically to the South Carolina Department of Health and Environmental Control (SC DHEC).

2. I agree that by signing this agreement I am affixing my wet ink signature that will act as my digital signature equivalent as though the electronic information were submitted on paper.
3. I agree to protect and keep secure my User ID, password, and challenge question responses and, in the event that they become compromised, I will promptly report to the Emissions Inventory program.
4. I understand that both the above facility and myself are subject to the requirements set forth by SC DHEC in S.C. Regulation 61-115, Environmental Electronic Reporting Requirements.

\_\_\_\_\_  
*(Signature of Responsible Official)*

### **Instructions for Electronic Signature Agreement:**

**This agreement will require information from a facility's "Responsible Official" (as defined in Regulation 61-62.7 Title V Operating Permit Program) pertaining to a digital signature within the Emissions Collection Tool and to be held as legally bound, obligated, or responsible by the electronic signature created as by a handwritten signature. Because there is some personal information provided on this form, it will be treated as a confidential document and secured in a locked cabinet.**

Facility Name: Company name that is used for mailing. Many companies own two or more facilities. If this is the case for this facility, please indicate the specific name/identifier for this facility.

Physical Address: Street address or highway number if no street address is available. Not the mailing address if different.

Air Permit Number: Provide the State Air Quality Operating Permit number for the facility.

Responsible Official: Print the name of the responsible official. This is an officer or employee of the company who has been legally designated as the Responsible Official with the Bureau of Air Quality as defined in Regulation 61-62.7 Title V Operating Permit Program and designated as such on DHEC form 2951 – "Responsible Official (RO) Notification Form Bureau of Air Quality".

Phone Number: Telephone number, including area code, of Responsible Official. Please include an extension, if applicable.

Drivers License: Enter the state and drivers license number of the Responsible Official.

E-mail Address: Enter the e-mail address of the Responsible Official. This will be used to send notices by the Emission Collection tool.

Affirmation section: Print the name of the Responsible Official and date that the form is signed. Include the printed name of the facility (same as above). The Responsible Official must sign the form. This signature will serve as his 'wet-ink' signature when electronically signing the data submittal in the Emissions Collection Tool.